



Utah Insurance Department Fraud Division

FY2018 Annual Report



MISSION STATEMENT

The Insurance Fraud Division acts as the primary law enforcement agency in the State of Utah for investigating suspected fraudulent insurance claims. The core mission of the Insurance Fraud Division is to protect the public from economic loss and distress. We do this by actively investigating, prosecuting and seeking restitution from those who commit insurance fraud. We further seek to deter insurance fraud through active public awareness education.

Insurance Commissioner:
Todd Kiser

Fraud Division Director:
Armand A. Glick

Fraud Director's Message

The enclosed annual report provides an informative look at the efforts, accomplishments, and challenges of the Utah Insurance Department Fraud Division for Fiscal Year 2018.

I am very proud of the efforts of the Fraud Division and feel we have one of the most effective and successful insurance fraud investigative units in the nation. I am also proud of the continued collaboration and working relationship between the fraud division, insurance company special investigative units, local and federal law enforcement, the National Insurance Crime Bureau, and the Coalition Against Insurance Fraud. Collaboration with these partners is crucial for our overall success.

The Insurance Fraud Division is not funded through taxpayer funds; instead funding primarily comes through assessment to insurers who operate in the State of Utah. The fraud assessment is based on total premium sold in the prior year by each company. There are nearly 1,600 companies licensed to sell insurance in the State. The Fraud Division's annual budget is approximately \$2,200,000.

In addition to the fraud assessment, the Insurance Fraud Division is authorized by state statute to recover the costs of our investigations from the defendants we prosecute.

Unfortunately, insurance fraud continues to be a crime that is accepted by many as a way to make financial gain. Many feel that insurance companies are just big businesses and that lying on a claim is okay since they have been paying for their insurance for years without ever filing a claim. Others simply look to insurance as an easy target for their criminal activities.

Insurance Fraud is a major crime that imposes significant financial and personal costs on individuals, businesses, government and society as a whole. It is estimated that each household pays \$400—\$700 per year in increased (non-health) insurance premiums due to insurance fraud. It is a crime that affects us all. (FBI—Insurance Fraud 03/07/2010)

It is the goal of the Insurance Fraud Division to aggressively investigate and prosecute offenders in an effort to reduce the cost of insurance fraud in the State of Utah to our citizens. We also strive to increase public awareness of insurance fraud and how it detrimentally affects our economy.

More than \$32 billion in fraudulent property/casualty claims are made annually in the United States. Estimates for health care fraud range between \$77—\$259 billion. (Insurance Information Institute, Insurance Fraud, January 2016)

The continued support for the Insurance Fraud Division will allow Utah to remain a national leader in the field of insurance fraud investigations.

Sincerely,
Armand A. Glick
Director, Insurance Fraud Division
Utah Insurance Department

Insurance Department - Overview

The Utah Insurance Department is the state regulatory authority for the insurance industry and is responsible for enforcing all insurance-related laws of the State of Utah.

The mission of the Utah Insurance Department is to foster a healthy insurance market by promoting fair and reasonable practices that ensure available, affordable and reliable insurance products and services.

The mission of the Department is accomplished through educating, serving and protecting consumers, governmental agencies, and insurance industry participants at a reasonable cost. We cooperate with and serve state and other governmental agencies in fulfilling these responsibilities.

While one of the Department's objectives is to investigate regulatory violations, the Department's Fraud Division was created in 1996 with the mission of investigating criminal insurance fraud. The Insurance Fraud Division investigators are Utah POST certified Special Function Police Officers.

The Fraud Division works closely with insurance company investigators, local law enforcement, federal law enforcement, private non-profit organizations such as the National Insurance Crime Bureau (NICB), as well as state and federal prosecutors to bring both consumer and industry offenders to justice.

Incoming cases, tips, and complaints of possible fraud are received from a variety of sources. Most cases are received through the National Insurance Crime Bureau (NICB), Special Investigative Units (SIU) within the insurance industry, other law enforcement agencies, and citizens.

When a tip or complaint is received, it is reviewed to determine whether further investigation is merited. Cases are then assigned to an investigator who pursues all possible leads, conducts interviews, and gathers evidence.

When the investigation is complete, the investigator presents the case to the Attorney General's Office which is contracted to provide dedicated attorneys to prosecute insurance fraud. These attorneys are housed in the same offices with the fraud investigators. This coordinated approach results in greater success in case prosecution and resolution.

What is Insurance Fraud?

Insurance fraud happens when people deceive an insurance company in an effort to collect money to which they aren't entitled. Insurance Fraud is the second most costly white-collar crime in America, behind tax evasion. Insurance industry studies indicate that 10 % or more of property and casualty claims are fraudulent.

The National Health Care Anti-Fraud Association conservatively estimates that 3% or \$70 Billion is lost to health care fraud each year. Other law enforcement estimates place this as high as 10% or \$259 Billion annually.

The Coalition Against Insurance Fraud estimates that insurance fraud costs Americans more than \$96 Billion annually. The Coalition also believes that up to 30% of a policy holder's insurance premium is due to charges added to cover industry losses from insurance fraud.

Insurance fraud is typically committed by consumers, insurers, or service providers. A few general examples are as follows:

Consumer Fraud:

Adding items to a legitimate theft claim that were not stolen; obtaining insurance after an accident and claiming the accident occurred while insured; abandoning a vehicle and then reporting it stolen; staging an auto accident using a previously damaged vehicle and claiming the damage is all new; exaggerating injuries to receive treatment or compensation; lying about the number of drivers in your home on an application for insurance; creating false receipts to obtain replacement value on the claim; or doctor shopping for narcotics that are not medically necessary.

Insurer Fraud:

Agents selling false insurance policies; keeping the policy holder's premium payments and not forwarding them to pay for the policy; or agents fraudulently using personal information belonging to someone else to obtain a better premium quote for the applicant.

Provider Fraud:

Health care providers, contractors, and others may artificially inflate their billings to insurance; a dentist may bill for high noble metals while using a lower grade material for a crown; a doctor may prescribe a treatment that is not medically necessary; or a roofer damages or removes more shingles in order to create enough damage for insurance to cover replacing the entire roof.

Insurance Fraud FAQ's (Coalition Against Insurance Fraud)

What isn't fraud?

- Good-faith disagreement between an insurance company and consumer about a claim; and
- Decision by an insurer to decline your application, or not renew your coverage.

Why is fraud so big?

- Insurance companies are in the business of paying claims. In many instances insurance companies unwittingly encourage fraud by paying suspicious claims too easily. It is cheaper to pay than risk fighting in court or a having a lawsuit for bad faith.
- Low Risk Crime. Insurance fraud is a low risk-high reward game. Jail sentences are often light. Professional organizations overseeing doctors and lawyers are reluctant to discipline peers convicted of insurance fraud.
- Consumers tolerate fraud. Too many consumers believe insurance fraud is justified. Two of five Americans want little or no punishment for insurance cheats; they blame the insurance industry for its fraud problems because they believe insurers are unfair.

What are the newest trends?

- Large fraud rings. Increasingly, organized criminal enterprises are entering insurance fraud. Staged accidents and health-fraud rings are especially active and spreading.
- Aging baby boomers. As seniors approach retirement they remain major targets of insurance swindles. Schemes in life insurance, long term health care coverage, Medicare and others likely will continue spreading.
- Immigrants are vulnerable. America's large and growing immigrant groups are frequent fraud targets. Con artists prey on immigrants' trust, lack of English skills and ignorance of how insurance works. Fraud rings consisting of these immigrants are also on the rise.
- Internet schemes. As consumers increasingly use the internet, new opportunities for swindlers are available to take money from victims and rout across international borders, posing significant problems for U.S. law enforcement.

How to protect yourself.

- Never sign blank insurance forms; Demand detailed bills for repair and medical services and check closely for accuracy; Be suspicious if the price of insurance seems too low to be true; Be careful of strangers who offer quick cash or urge you to see a specific medical clinic, doctor, or attorney following an accident; Contact the State Insurance Department to verify an insurance agent is licensed; Keep your insurance ID protected.

Insurance Fraud FAQ's (Continued)

State of the Fight

Statistics from the Coalition Against Insurance Fraud state that in 2016 two-thirds of insurance companies saw more fraud. The fight against insurance fraud saw an increase in arrests involving major case fraud of 14% from 2015 to 2016. This was primarily due to increases in arrests and convictions in medical, workers compensation, and life insurance.

Public Attitudes

In 2003 and 2010 Accenture conducted a survey of public attitudes regarding insurance fraud. The following results came from these surveys.

- 15% of surveyed persons admit to fraudulently inflating an automobile claim.
- 38% of surveyed person admit to fraudulently inflating a homeowner claim.
- Only 74% of persons surveyed between the ages of 18-24 believe it is wrong to overstate the value of an insurance claim.
- Only 84% of persons surveyed between the ages of 18-24 believe it is wrong to submit claims for items not lost or stolen or for fake injuries.
- More than 68% of Americans believe insurance fraud occurs because people can get away with it. This is up from 49% in 2003.

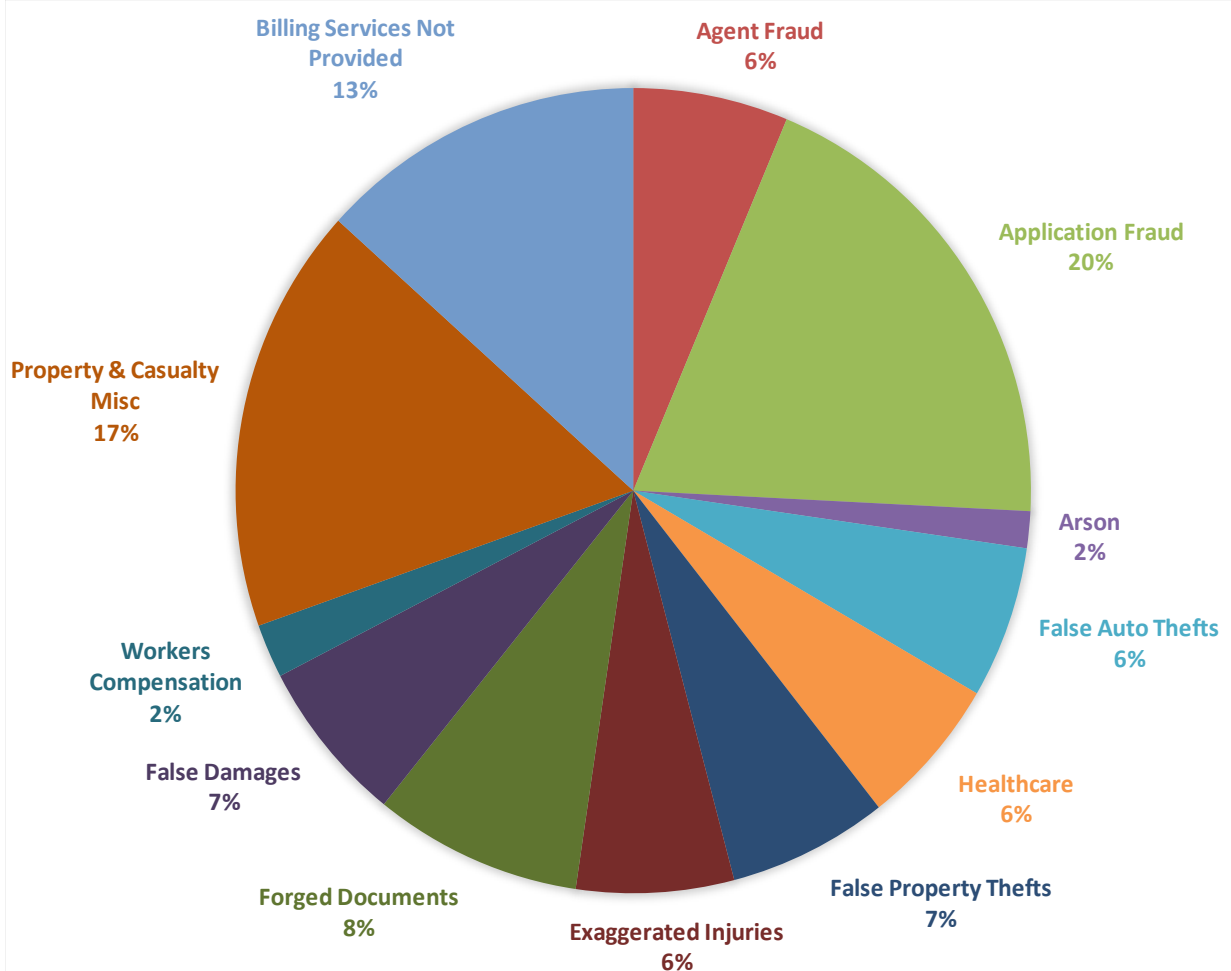
Workers Compensation Fraud

One of the categories we have seen a steady increase in cases referred to the Insurance Fraud Division for investigation is workers compensation claims. The following statistics are quite telling when it comes to these types of cases.

- 58% of claimants are repeat claimants
- 52% of injuries have no witnesses
- 52% of claimants fail to report the injury promptly
- 51% of claims coincide with a change in employment status.

Referrals By Type

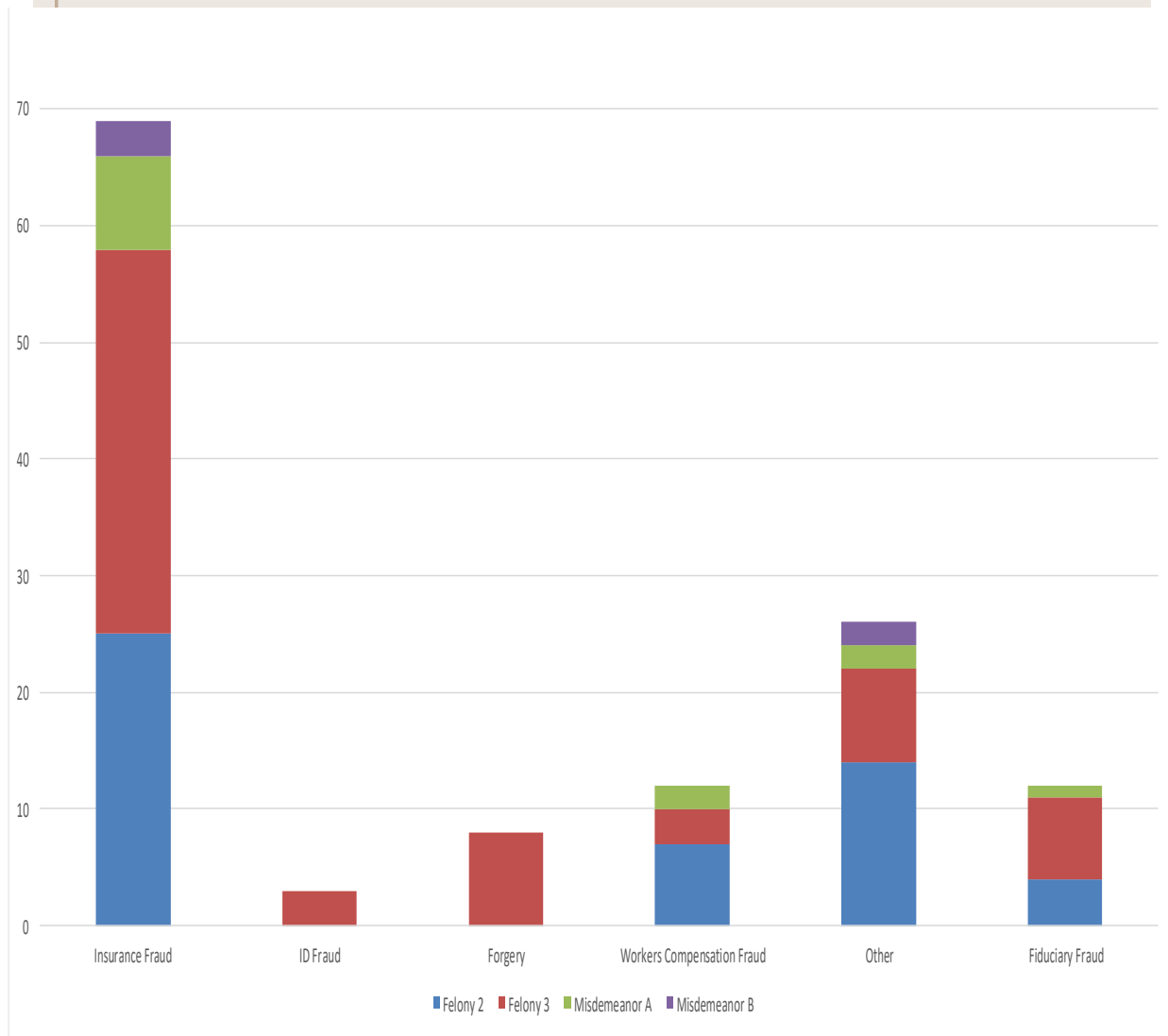
Total Referrals - 972			
Agent Fraud	64	False Property Theft	66
Application Fraud	198	False Auto Theft	62
Healthcare	61	Staged Collisions	8
Exaggerated Injuries	65	Forged Documents	86
Workers Compensation	22	False Damages	67
Billing Services No Provided	135	Property & Casualty - Other	174



Charges Filed Overview

In Fiscal Year 2018 the Insurance Fraud Division filed criminal charges against 88 defendants who were involved in more than 92 insurance fraud incidents. A total of 131 charges were filed. In most instances defendants were charged with multiple counts based on the criminal actions they committed.

The most common charges filed in Fiscal Year 2018 are shown in the chart below along with the severity of the charge.



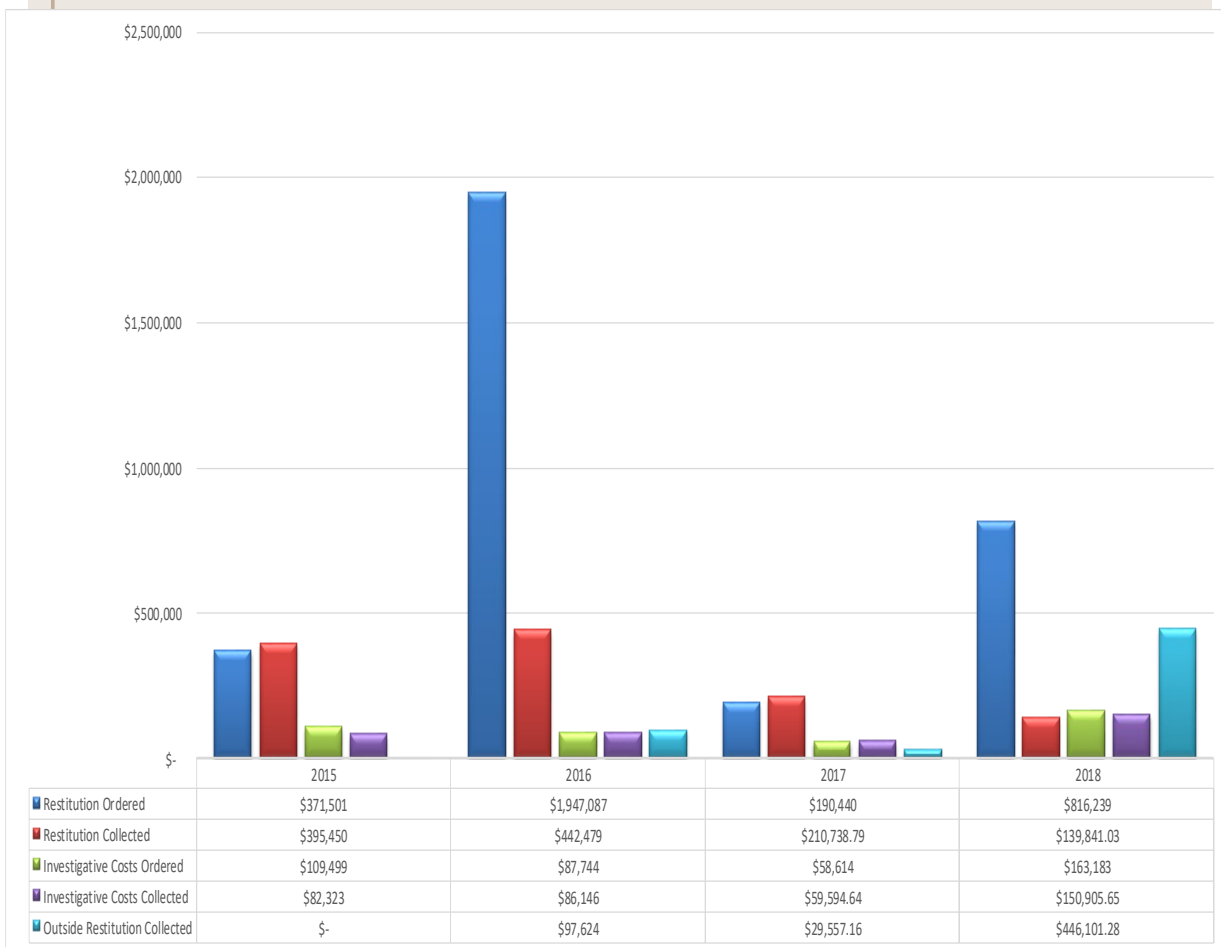
Restitution Collected

The Insurance Fraud Division (IFD) collects and tracks restitution paid in the cases prosecuted by the Division. The Division processes and accounts for defendant payments and then issues payment to the appropriate victims in each case. In FY2018 the IFD collected and distributed \$585,942 to victims of insurance fraud.

In some cases restitution is paid directly to the victim or collected through an outside agency such as those cases prosecuted federally. In these cases restitution is identified as outside restitution and where verified it has been included below.

The IFD always issues restitution payments to victims first before collecting any investigative costs from those convicted of insurance fraud.

Many cases investigated by the IFD do not involve an actual loss to the insurance company. These fraudulent claims are discovered prior to insurance paying the claim. As of the date of this report, cases prosecuted in FY2018 resulted in defendants being ordered to payback over \$190,000 in restitution. The potential loss value of these same cases was more than \$3,443,440.



Consumer Alert—Roofing Company Schemes

This past year we have seen a significant increase in roofing company billing scheme referrals.

Consumers should be aware of the following red flags when dealing with a roofing contractor—

- Door to door sales by contractors advising your roof has damage and that your insurance will pay to replace or repair your roof.
- Contracts where the roofer takes over as the victim in your insurance claim (assignment of benefits), or where the contract gives authority for the roofer to work directly with your insurance company to negotiate payment of repairs.
- Contractors acting as a general contractor to add increased charges for oversight to the insurance company. A general contractor has value when overseeing a number of subcontractors but is of questioned value when you are only dealing with a single roofing contractor.
- Roofing contractors who pit consumers against their insurance company and who tell the insured their insurance company is difficult to deal with.

Why these practices place the consumer at risk—

- Insurer/insured contracts typically prohibit assignment of benefits.
- It is illegal for a contractor to act as a public adjuster (negotiate with an insurance company on behalf of the insured). Roofing companies are attempting to circumvent this law through assignment of benefits where they believe they have a right to negotiate with insurance because they have the rights to your claim. (Utah Insurance Code: 31A-26-201)
- Some contracts give the contractor rights to all payment from the insurance company and make you financially responsible for all legal fees if the contractor sues the insurance company. (you take all risk and they take all reward)
- Although insurance may pay for damage to roofs caused by severe storms, they do not pay for damage caused to roofs from normal wear and tear and age. Trying to blame wear and tear on storm damage is not only unethical, it may also be insurance fraud; and both you and the contractor may be criminally charged. Lying on an insurance claim is insurance fraud.
- If your insurance determines the claim should not be paid, the consumer will be on the hook to pay for the repairs on their own. Some contracted repairs are not contingent upon the insurance paying and the consumer may not be able to stop the repair and will be liable to pay for whatever costs the contract calls for.
- The contractor may file a lien against your home.

How to protect yourself—

- If you believe you have a legal claim for damages, file the claim with your insurance company and let them send out an adjuster to evaluate the damages.
- If you disagree with the outcome, you have a right to hire a public adjuster independent from the insurance company to verify the value of the damages.
- A public adjuster is prohibited by law from having a relationship with any contractor. They are prohibited from representing a law firm. And they are prohibited from getting paid directly from the insurance company. (31A-26-312)
- Obtain bids for the repairs from several reputable companies.
- Work with your insurance company to select the bid that is right for your circumstances.

Major Case Overview—Brady (Health Care Billing Fraud)

The following Major Case Overview Reports include cases that have not been resolved in the criminal justice system. The facts reports about these cases are allegations and have not yet been proved in court. The defendants in these cases are presumed innocent until convicted.

State v. Brady

Brady operates a physical therapy business. Although Brady is an in-network provider through Select Health Insurance, the staff at Brady's clinics are not considered to be in-network. According to Select Health's member contracts, when a Select Health member elects to receive services from an out of network provider for physical therapy Select Health does not pay any benefits or pays a significantly reduced benefit.

In July of 2016, Select Health contacted Brady to provide notice that they intended to perform an on site audit of medical records held at the business related to Select Health patient billings.

In preparation for this audit, Brady instructed records staff to alter medical records to represent that Brady performed the physical therapy services rather than the actual medical staff who had performed the services. This was done in an effort to conceal from Select Health, that the business had falsely billed Select Health under Brady's name for services that were not eligible for payment.

The investigation discovered that prior to the audit, Brady instructed billing staff to list Brady as the provider when billing Select Health for services provided by other employees. Staff were instructed to advise Select Health covered patients that the business accepted Select Health Insurance for payment. Had the business billed Select Health under the out of network provider's name, Select Health would not have paid for these services or paid a reduced amount and the patient would have had to pay for the services out of pocket.

The original medical records indicated the true provider of the services. These were the records Brady ordered to be altered before the audit to eliminate the real provider and insert Brady's name as if she performed the services in an effort to cover up the insurance billing fraud committed by the business.

It was discovered that between January of 2012 and July of 2016, Brady's business billed Select Health nearly \$1.8 Million in claims for services provided by out of network providers. Select Health paid Brady's business more than \$670,000 for these services to which Brady was not entitled.

The case was resolved through a plea agreement with Brady who pled guilty to two Class A Misdemeanor counts of Unprofessional Conduct. As part of the agreement Brady paid Select Health \$400,000 and also paid \$100,000 in civil penalty to the Insurance Fraud Division prior to her sentencing. She was placed on probation for 12 months.

Major Case Overview—Brady/Rebel Bail Bonds (Agent Fraud)

State v. Brady (Rebel Bail Bonds, Inc.)

The Insurance Fraud Division began investigating Rebel Bail Bonds, owned by Brady, after receiving complaints that Rebel was failing to return collateral money collected from individuals related to bail bonds. The Department of Insurance is charged with regulating the Bail Bond industry because bonds are a form of insurance.

The investigation discovered that collateral money received by Rebel was deposited into a trust account. Brady then frequently transferred money from the trust account into a business operating account where the money was then used for unauthorized purposes.

Between October of 2015 and January of 2017, Rebel's trust account frequently maintained a negative balance.

The investigation discovered more than 120 individuals who had collectively paid Rebel at least \$254,000 in collateral related to bail bonds issued between December of 2013 and February of 2017. Rebel failed to hold collateral funds in their trust account as required by statute.

When individuals had completed their court requirements, Rebel failed to return collateral funds to these persons, thus stealing the money they had paid Rebel as collateral. In some instances Brady issued checks to clients to refund their collateral. These checks bounced for insufficient funds.

Brady was charged with four 2nd degree felony counts involving Unlawful Activity, Unlawful Dealing of Property by a Fiduciary, and Issuing Bad Checks. He was also charged with six 3rd degree felony counts of Unlawful Dealing of Property by a Fiduciary and six misdemeanor counts of Unlawful Dealing of Property by a Fiduciary.

Rebel Bail Bonds is currently no longer in business.

The court case against Brady is still pending.

Major Case Overview—Finlinson—Supplemental Accident Scheme

State v. Finlinson

Between August of 2014 and December of 2016, Finlinson, who was an insurance agent, wrote fraudulent supplemental accident policies for Cigna, Allstate, AFLAC, Humana, and Colonial Life insurance companies.

In order for policy holders to qualify to purchase a supplemental accident policy they must be a member of a qualifying company or organization. Finlinson created a false company to create eligibility and wrote policies for family, friends, and others listing them as employees of this shell company. Finlinson also wrote at least one life insurance policy on a person without their knowledge listing himself as the beneficiary.

Finlinson obtained more than \$85,000 in undue commissions as a result of his conduct. In addition, insurers paid out over \$316,000 in claims which were filed against these policies.

As part of the scheme, persons who have a supplemental accident policy can be reimbursed for the full amount of medical expenses incurred as a result of an accident in addition to and above any amount paid by their medical insurance.

There is a built in incentive to seek medical treatment for any injury and to drive those expenses up to profit through the supplemental accident policy.

Finlinson mixed relatives and friends on policies indicating they were children or spouses when they were not. This allowed him to file accident claims on more than one policy for the same incident. In several instances Finlinson told family members he would file their claims for them. He filed their claim and then filed additional claims on policies they were not aware of that Finlinson had obtained so that he could receive payments from the insurance companies.

Finlinson also wrote insurance policies using his brothers insurance license without the brothers knowledge.

Finlinson wrote these policies to residents in both Utah and Arizona with the largest portion of the fraudulent policies taking place in Arizona.

Finlinson was charged with felony insurance fraud in Utah and information was also provided to Arizona fraud investigators who are also pursuing charges in Arizona.

The court cases are pending.

Major Case Overview—Chiropractor Billing Scheme

State v. Baker and Vandyke

This investigation uncovered an extensive scheme involving four chiropractors, their employees, and family members.

The chiropractors purchased supplemental insurance policies which provided benefits for chiropractic care. These policies paid the benefit directly to the insured. Some employees were provided these policies, paid for by the chiropractor they were working for, and advised that they could file claims against the policies to increase their income rather than receive a pay increase.

Search warrants were executed on each of the four chiropractic offices which resulted in confirming that no treatment notes or other documentation was kept for any of the billed treatment dates.

Insurance typically will not pay for a chiropractor to treat his own family members. In this case the submitted claims alleged that chiropractor A's family was treated by chiropractor B. chiropractor B's family was treated by chiropractor C. chiropractor C's family was treated by chiropractor D. And chiropractor D was treated by chiropractor A.

There were no financial records indicating these alleged treatments were paid for or that a debt was owed for the alleged treatments.

As of the time of this report, criminal charges have been filed against two of the four involved chiropractors along with some of the involved employees. It is anticipated that charges will eventually be filed against the other two chiropractors and additional family members as this case progresses.

During a single year time frame the two chiropractors, and three additional charged persons, filed insurance claims for 3,857 treatment dates for 1,073 separate claimed injuries requiring chiropractic treatment.

In essence, someone was injured every week in each family with many of the injury circumstances being duplicated amongst the group.

Insurance paid over \$200,000 to Baker, Vandyke, Waite, Moemai, and Sua.

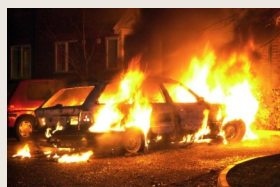
The court cases are pending.

Prosecution Summaries

The following pages provide a summary of the cases in which criminal charges were filed in Fiscal Year 2018. The intent of these summaries is to provide an overview of types of crimes prosecuted and insurance companies who are active in identifying fraudulent claims.

The following case overviews include cases that have not been resolved in the criminal justice system. The facts reported about those cases are allegations and have not yet been proven in court. The defendants in those cases are presumed innocent until convicted.

The monetary values listed for these cases represent the attempted and/or actual loss claim amounts in the case. Because not all cases resulted in loss, many do not have restitution ordered upon conviction.



Summary of Criminal Cases Filed

STATE vs. LANG

Filing Date: 7/02/2017

Charges Filed:

Insurance Fraud, Felony 3
ID Fraud, Felony 3

ARUP: \$55,330

Forging Prescriptions / Pharmacy Sales Fraud:

Allegation: During a two month period in 2014, Lang worked as a pharmacist for Isomeric Pharmacy. This case resulted from an investigation into a sales agent for Isomeric who had made sales of non-medically supported metabolic supplements requiring prescriptions to family and friends. None of these patients had seen a doctor or obtained a prescription. Lang created false prescriptions to support the sales of these supplements in collaboration with the sales agent to obtain commissions and support the inappropriate sales.

Case Status:

Lang pled guilty to Insurance Fraud, a class "A" misdemeanor and ID fraud, a class "A" misdemeanor. Lang was ordered to pay ARUP over \$55,000 in restitution and \$4,000 to the Insurance Fraud Division for investigation expenses. Lang was ordered to serve 36 months probation.

STATE vs. JORGENSEN

Filing Date: 7/03/2017

Charges Filed:

Insurance Fraud, Misdemeanor A
Communications Fraud, Felony 2
Communications Fraud, 2 counts, Felony 3
Communications Fraud, Misdemeanor A

Farmers: \$8,837
Various Victims: \$28,155

False Theft Claim / Contractor Fraud:

Allegation: Between March and July of 2015, Jorgensen provided bids to several different consumers for home repairs, accepted partial payment from prospective customers, and never returned to perform the work. In July of 2015 Jorgenson filed an insurance claim for property he alleged was stolen. IFD investigators seized property from Jorgensen which he had falsely claimed had been stolen in this claim.

Case Status:

Pending Court Action

Summary of Criminal Cases Filed

STATE vs. ZAPATA

Filing Date: 07/03/2017

Charges Filed:

Workers Comp Insurance Fraud, Felony 2

WCF: \$17,600

Collecting Disability Benefits While Working:

Allegation: On December 30, 2014, Zapata reported having a workplace injury. In March of 2016 Zapata claimed he could no longer work as a result of his prior injury and began collecting Temporary Total Disability payments. Zapata was discovered to be working another job during the time he was collecting these benefits and that he misrepresented his physical ability to work during this time.

Case Status:

Zapata pled guilty to Workers Compensation Fraud, a Class A Misdemeanor. He was ordered to pay \$1,343 in restitution and placed on 12 months probation.

STATE vs. HOWARD

Filing Date: 7/13/2017

Charges Filed:

Insurance Fraud, Felony 2

ID Fraud, Felony 3, 2 counts

Controlled Substance Fraud, Felony 3, 4 counts

TriCare: \$10,228

Doctor Shopping:

Allegation: Between June of 2014 and January of 2017, Howard obtained more than 56 prescriptions for narcotic pain medication from more than 25 different medical providers using her own name and the name of her ex-husband and boyfriend. Howard used her ex-husband's insurance to pay for the medications and doctor visits which were not medically necessary.

Case Status:

Pending Court Action

Summary of Criminal Cases Filed

STATE vs. VOELTZ

Filing Date: 7/14/2017

Charges Filed:

Insurance Fraud, Felony 3
Witness Tampering, Felony 3

GEICO: \$4,700

Application Fraud:

Allegation: On or about November 17, 2016 Voeltz was involved in an auto accident with his 2009 Hyundai Sonata. At the time of the accident Voeltz had liability only coverage. On November 27, 2016 Voeltz added comprehensive coverage to the vehicle. Voeltz then filed a claim that the accident had occurred on December 10, 2016. Following the investigation Voeltz initiated contact with a witness and made threats against the witness.

Case Status:

Pending Court Action

STATE vs. HADZIALIJAGIC

Filing Date: 7/19/2017

Charges Filed:

Theft of Property, Felony 2

Freedom National: \$13,459

Theft of Miss-delivered Insurance Check:

Allegation: On July 22, 2014, Hadzialijagic was involved in an auto accident where he was found to be 25% at fault. Hadzialijagic's insurance company, American Family, had already paid for his vehicle repairs when the other driver's insurance company, Freedom National, sent a check intended for American Family to Hadzialijagic. Hadzialijagic cashed this check and later denied he had received this check when contacted by Freedom National regarding their mistake.

Case Status:

Hadzialijagic pled guilty to Theft of Mistakenly Delivered Property, a 3rd degree felony. He was ordered to pay \$11,100 in restitution to Freedom National and \$1,000 in investigation costs to the IFD. He was placed on probation for 36 months.

Summary of Criminal Cases Filed

STATE vs. STEWART

Filing Date: 7/25/2017

Charges Filed:

Forgery, Felony 3
Mail Theft, Felony 3

WCF: \$1,088

Stolen and Forged Insurance Check:

Allegation: In February of 2017, WCF was notified by a policy holder, whose husband was killed on a jobsite, that she had never received one of her monthly compensation checks. The check was traced to Stewart who had cashed the check. Stewart denied stealing the check from the mail box but admitted cashing the check after an unknown person gave it to her.

Case Status:

Stewart plead guilty to Forgery, a 3rd degree felony. She was ordered to pay \$1,088 in restitution and was sent to the Utah State Prison for no more than 5 years.

STATE vs. TRUJILLO

Filing Date: 8/02/2017

Charges Filed:

Insurance Fraud, Felony 2

Progressive: \$22,303

Application Fraud / Auto Accident Past Posting:

Allegation: On November 9, 2016 Trujillo's insurance was cancelled for non-payment. On November 14, 2016 Trujillo was involved in an auto accident. A few hours later Trujillo made a payment online to reinstate his policy. Trujillo later attempted to tell Progressive he had made the payment on November 9th in an effort to get the accident covered.

Case Status:

Pending Court Action

Summary of Criminal Cases Filed

STATE vs. THOMPSON

Filing Date: 8/10/2017

Charges Filed:

Insurance Fraud, Felony 3
Theft, Felony 2
Computer Crimes, Felony 2
Racketeering, Felony 2

Cigna: \$1,190
Dentist Office: \$11,249

False Dental Billings / Embezzlement:

Allegation: Between January of 2014 and October of 2016 Thompson worked for a dental office as the office manager. During this time frame Thompson submitted bills to insurance for services never provided to family members. She received payment for these services and then deleted the records from the dental office records. Thompson also accepted cash payments from patients, pocketed the cash and then altered the patient records to write off the payments. Thompson also wrote off amounts due for other friends and family who owed money to the dental office.

Case Status:

Pending Court Action

STATE vs. NGUYEN

Filing Date: 8/14/2017

Charges Filed:

Insurance Fraud, Felony 2

Bear River: \$9,925

False Claim Circumstances

Allegation: On August 21, 2016 Nguyen was involved in an at fault auto accident where he was arrested for DUI. Nguyen's claim for this accident was denied because Bear River does not offer insurance to person's who drink alcohol and is not a covered loss. In September of 2016 Nguyen filed a new claim alleging he had swerved to miss a deer and hit a concrete barrier. The vehicle was not drivable and had not been repaired from the accident in which he had been arrested for DUI.

Case Status:

Pending Court Action

Summary of Criminal Cases Filed

STATE vs. THOMPSON

Filing Date: 8/24/2017

Charges Filed:

Insurance Fraud, 2 counts, Felony 3

Allstate: \$16,629

False Medical Receipts and lost wages:

Allegation: On September 14, 2016 Thompson was involved in an auto accident. Thompson later contacted Allstate and filed a claim for out of pocket medical expenses and lost wages. On December 6, 2016, Thompson was involved in a second auto accident. Thompson again filed claims for out of pocket medical expenses and lost wages. Thompson never received the medical treatment and did not work for the entities she submitted lost wages from. All documents presented to her insurance company were forged.

Case Status:

Thompson pled guilty to Insurance Fraud a Class A Misdemeanor. She was ordered to pay \$630 in investigation costs to the IFD, 24 months probation, and 40 hours of community service.

STATE vs. FABING

Filing Date: 8/25/2017

Charges Filed:

Insurance Fraud, Felony 3

Esurance: \$15,427

Application Fraud / Auto Accident Past Posting:

Allegation: On December 30, 2016 Fabing was involved in an auto accident where she collided with a concrete barrier while uninsured. Fabing obtained insurance a few minutes later and then filed a claim alleging the accident happened after she had obtained insurance.

Case Status:

An arrest warrant has been issued.

Summary of Criminal Cases Filed

STATE vs. NUNEZ

Filing Date: 8/28/2017

Charges Filed:
Forgery, Felony 3

Farmers: \$9,903

Insurance Agent Fraud / Falsified Documents:

Allegation: Between March 2015 and October 2016 Nunez created 14 false bills of sale showing vehicles had been recently purchased when they had been previously owned by the same owner. As a result Nunez was able to qualify persons for auto insurance they otherwise would not have qualified for as they are required to have had insurance for the previous six months. They should have been given a policy with a non-standard auto insurance company.

Case Status:

An arrest warrant has been issued as Nunez fled the state.

STATE vs. TAVERES

Filing Date: 9/5/2017

Charges Filed:
Insurance Fraud, 1 count, Felony 2

Progressive: \$2,378

Paper Accident / False Injuries:

Allegation: On November 9, 2016, Taveres and Hernandez filed a claim that they had been rear ended by another vehicle and that both had received injuries as a result. Taveres and Hernandez claimed the other two vehicles involved in the accident left the scene and were not identified. Damages to the Their vehicle was discovered to have been pre-existing prior to the date of this accident. The accident was staged and injuries were false.

Case Status:

Taveras pled guilty to Insurance Fraud, a class "A" misdemeanor. He was sentenced to 24 months probation and ordered to pay \$1,094 to the IFD for the costs of the investigation.

Summary of Criminal Cases Filed

STATE vs. HERNANDEZ

Filing Date: 9/5/2017

Charges Filed:

Insurance Fraud, Felony 2

Progressive: \$2,378

Paper Accident / False Injuries:

Allegation: On November 9, 2016, Taveres and Hernandez filed a claim that they had been rear ended by another vehicle and that both had received injuries as a result. Taveres and Hernandez claimed the other two vehicles involved in the accident left the scene and were not identified. Damages to the Their vehicle was discovered to have been pre-existing prior to the date of this accident. The accident was staged and injuries were false.

Case Status:

Hernandez pled guilty to Insurance Fraud, a class "A" misdemeanor. She was sentenced to 24 months probation and ordered to pay \$1,094 to the IFD for the costs of the investigation.

STATE vs. JOHNSON

Filing Date: 9/05/2017

Charges Filed:

Insurance Fraud, Misdemeanor A

Allstate \$1,570

Application Fraud / Auto Accident Past Posting:

Allegation: On April 24, 2017 Johnson was involved in an auto accident when she ran into the back of another vehicle while driving without insurance. Johnson obtained insurance on her phone while she waited for the police to arrive and investigate. Johnson then claimed the accident occurred after she had obtained the insurance.

Case Status:

Johnson pled guilty to Insurance Fraud a class "A" misdemeanor. She was ordered to pay Allstate \$1, 570 and the IFD \$446 for the cost of the investigation. She was placed on probation for 18 months.

Summary of Criminal Cases Filed

STATE vs. FINLINSON

Filing Date: 9/28/2017

Charges Filed:

Insurance Fraud, 2 counts, Felony 2

Allstate: \$349,644

Colonial: \$23,708

AFLAC: \$19,305

Chesapeake: \$17,700

Humana: \$9,796

Agent Fraud/Fraudulent Supplemental Accident Policies/False Claims:

Allegation: Between August 2014 and December 2016, insurance agent Finlinson wrote fraudulent policies for Cigna, Allstate, AFLAC, Humana, and Colonial Life. Finlinson used identities of family and friends without their knowledge in obtaining policies. The loss to insurers resulted from commissions paid to Finlinson for these fraudulently obtained policies and for claims paid to Finlinson and others from these policies.

Case Status:

Court Case Pending

STATE vs. JONES

Filing Date: 10/06/2017

Charges Filed:

Insurance Fraud, Felony 2

AFLAC: \$28,185

False Injury Claims/Organized Fraud Ring:

Allegation: Between October of 2015 and January 2016, Jones filed 175 accident claims with 369 chiropractic treatment dates with two different insurance companies. Jones worked for Baker, a chiropractor, who provided supplemental insurance policies for his employees to file false claims against as a source of extra income rather than provide pay raises.

Case Status:

Court Case Pending

Summary of Criminal Cases Filed

STATE vs. MOEMAI

Filing Date: 10/06/2017

Charges Filed:

Insurance Fraud, Felony 2

AFLAC: \$36,385

False Injury Claims/Organized Fraud Ring:

Allegation: Between January 2014 and June of 2016, Moemai filed 169 accident claims with 695 chiropractic treatment dates for herself and he husband. Moemai was an employee of Baker, a chiropractor, who provided supplemental insurance policies for his employees to file false claims against as a source of extra income rather than provide pay raises. Moemai never paid for any of the treatments and Baker never charged for any treatments provided and Moemai kept the insurance money as an extra source of income.

Case Status:

Pending Court Action

STATE vs. SUA

Filing Date: 10/06/2017

Charges Filed:

Insurance Fraud, Felony 2

AFLAC: \$41,288

Colonial Life: \$9,500

False Injury Claims/Organized Fraud Ring:

Allegation: Between September of 2015 and March of 2017, Sua filed 297 accident claims with over 1,100 chiropractic treatment dates for herself and family members. During this time frame Sua worked for Baker who was a chiropractor and it is alleged that Baker provided supplemental insurance policies on which these claims were filed as part of an employee benefit to supplement employees income.

Case Status:

Pending Court Action

Summary of Criminal Cases Filed

STATE vs. VANDYKE

Filing Date: 10/06/2017

Charges Filed:

Insurance Fraud, Felony 2

AFLAC: \$30,895

Colonial Life: \$19,050

Allstate: \$0

False Injury Claims/Organized Fraud Ring:

Allegation: Between June of 2015 and June of 2016, VanDyke, a chiropractor, filed 192 claims for 946 chiropractic treatment sessions for himself and his family with three different insurance policies. Baker was the alleged treating chiropractor but had no medical records to support such treatment. It is alleged that VanDyke, Baker and two additional chiropractors conspired to fraudulently bill insurance for services that were not rendered.

Case Status:

Pending Court Action

STATE vs. WAITE

Filing Date: 10/06/2017

Charges Filed:

Insurance Fraud, Felony 2

AFLAC: \$7,285

False Injury Claims/Organized Fraud Ring:

Allegation: Between December 2015 and June of 2016, Waite filed 67 injury claims for herself and her children for alleged treatments provided by VanDyke, a chiropractor. Waite is related to VanDyke who is also charged with billing insurance for treatments never provided as part of a larger insurance fraud scheme involving several chiropractors, employees and family members.

Case Status:

Pending Court Action

Summary of Criminal Cases Filed

STATE vs. BAKER

Filing Date: 10/06/2017

Charges Filed:

Insurance Fraud, 1 count, Felony 2

AFLAC: \$27,465

Colonial Life: \$13,575

Allstate: \$0

False Injury Claims/Organized Fraud Ring:

Allegation: Between January of 2014 and June of 2016, Baker, a chiropractor, filed 173 claims for 747 treatment sessions for himself and his family members with three different insurance companies. Baker is alleged to have conspired with other chiropractors to bill for treating each others families even though no treatments were provided. VanDyke was the treating chiropractor for the Baker family but had no medical records to support such treatments. Baker also paid for supplemental insurance policies for his employees and allowed them to submit insurance claims for treatments he never provided to supplement their income. It is alleged that Baker, VanDyke and two additional chiropractors conspired to fraudulently bill insurance for services that were not rendered.

Case Status:

Pending Court Action

STATE vs. OLSEN

Filing Date: 10/11/2017

Charges Filed:

Unlawful Dealing by Fiduciary, Felony 3

Victim: \$3,510

Agent Fraud/ Pocketing Premiums:

Allegation: Between August 2016 and January of 2017, Olsen accepted cash premium payments while working as an agent for Progressive Insurance. Olsen kept the money and never applied the payments toward the insured's policy which resulted in their policy being cancelled for non payment. The policy holder's federal motor carrier operator authority was also revoked for not having insurance. As part of Olsen's cover-up he issued false certificates of insurance to make the insured believe they had insurance.

Case Status:

Court Action Pending

Summary of Criminal Cases Filed

STATE vs. TORRES

Filing Date: 10/12/2017

Charges Filed:

Alpha Property & Casualty: \$6,869

Receiving Stolen Vehicle, Felony 2

Possession of Vehicle Parts with VIN Numbers Removed, Felony 2

Staged Auto Theft:

Allegation: In July of 2017, Solorzano filed an insurance claim that her 2004 Cadillac Escalade had been stolen. In September of 2017 IFD investigators served a search warrant on Torres's residence where they recovered a number of body parts belonging to the Cadillac Escalade. While executing the search warrant two additional stolen vehicles were recovered as well as a number of auto parts which had their VIN numbers removed or ground off. Torres was the brother of Solorzano and the two had conspired for him to take her vehicle so she could file the insurance claim. Torres is in the US illegally.

Case Status:

Arrest Warrant Issued

STATE vs. SOLORZANO

Filing Date: 11/21/2017

Charges Filed:

Alpha Property & Casualty: \$6,869

Insurance Fraud, Felony 3

Staged Auto Theft:

Allegation: In July of 2017, Solorzano filed an insurance claim that her 2004 Cadillac Escalade had been stolen. Acting on a tip in September of 2017 IFD investigators served a search warrant on the Torres residence where they recovered a number of body parts belonging to the Cadillac Escalade. While executing the search warrant two additional stolen vehicles were recovered as well as a number of auto parts which had their VIN numbers removed or ground off. Torres was the brother of Solorzano and the two had conspired for him to take her vehicle so she could file the insurance claim.

Case Status:

Solorzano pled guilty to Wrongful Appropriation, a Class A Misdemeanor. She was ordered to pay \$2,222 in investigation costs to the IFD and placed on 36 months probation.

Summary of Criminal Cases Filed

STATE vs. BRADY

Filing Date: 10/17/2017

Charges Filed:

Select Health: \$1,712,774

Insurance Fraud, Misdemeanor A, 2 counts

Fraudulent Medical Billing:

Allegation: Between January 2012 and July 2016 Brady, a physical therapist who was in network with Select Health, billed Select Health under her own ID for services that were actually performed by other medical staff in her practice. The other medical staff were not in network with Select Health and were not eligible to be paid by Select Health. Brady billed \$1,712,774 and was paid \$676,255 for these ineligible services. When Select Health gave notification of their desire to perform an onsite audit, Brady instructed clerical staff alter medical records to indicate Brady had performed the services and destroyed the original records which listed the other out of network providers as having actually preformed the treatments.

Case Status:

Brady pled guilty to 2 counts of Unprofessional Conduct, both Class A Misdemeanors. She was ordered to pay \$400,000 in victim restitution and \$100,000 in civil fines to the IFD. She was placed on probation for 12 months.

STATE vs. ANAYA

Filing Date: 10/25/2017

Charges Filed:

CSAA: \$3,000

Insurance Fraud, Felony 3

False Injuries/Accident Jump In:

Allegation: On November 18, 2016 Anaya claimed to have been inside his daughter's vehicle at the time she was in an auto accident. Anaya received chiropractic treatment for injuries he alleged were a result of the accident. It was discovered that Anaya was not in the vehicle at the time of the accident and was not injured as a result.

Case Status:

Anaya pled guilty to Insurance Fraud, a 3rd degree felony. Anaya was ordered to pay CSAA \$3,000 in restitution and \$2,043 in investigation costs to the IFD. Anaya was placed on probation for 36 months.

Summary of Criminal Cases Filed

STATE vs. MIKESELL

Filing Date: 10/26/2017

Charges Filed:

Progressive: \$2,968

Insurance Fraud, Felony 3

Auto Accident Past Posting:

Allegation: On February 13, 2017 Mikesell was involved in an auto accident while driving his GMC Acadia. At the time of the accident the Acadia was not insured. Mikesell added the Acadia to his policy after the accident and then told insurance that the accident had occurred after the vehicle was insured.

Case Status:

Mikesell pled guilty to Insurance Fraud, a 3rd degree felony. He was ordered to pay \$1,689 in restitution and \$357 in investigative costs to the IFD. He was placed on probation for 18 months.

STATE vs. PRICE

Filing Date: 10/26/2017

Charges Filed:

Progressive: \$2,935

Insurance Fraud, Misdemeanor A

False Damage Claim:

Allegation: Price filed an insurance claim that while he was in jail, his ex-girlfriend took his car and damaged it. It was discovered that Price was not in jail during the time frame he reported and that the damage was pre-existing.

Case Status:

Court Case Pending

Summary of Criminal Cases Filed

STATE vs. EDWARDS

Filing Date: 10/26/2017

Charges Filed:

State Farm: \$8,565

Unlawful Dealing by Fiduciary, Felony 2

Agent Fraud/Pocketing Premiums:

Allegation: While working as an insurance agent, Edwards was discovered to be accepting cash premium payments from customers and pocketed the cash instead of submitting it to pay the customers insurance premiums. An audit revealed Edwards was also transferring funds from his premium fund account to his business checking account which allowed the funds to be converted for a use other than intended.

Case Status:

Edwards pled guilty to Attempted Unlawful Dealing of Property by a Fiduciary, a 3rd degree felony. He paid \$8,565 in restitution to State Farm and \$972 in investigation costs to the IFD prior to sentencing and his plea was reduced to a Class A misdemeanor. Edwards was placed on probation for 18 months and ordered to serve 50 hours of community service.

STATE vs. BRADY/REBEL BAIL BONDS

Filing Date: 11/01/2017

Charges Filed:

120 Victims: \$254,334

Unlawful Activity, Felony 2

Issuing Bad Checks, Felony 2

Unlawful Dealing of Property by Fiduciary, 2 counts, Felony 2

Unlawful Dealing of Property by Fiduciary, 6 counts, Felony 3

Unlawful Dealing of Property by Fiduciary, 5 counts, Misdemeanor A

Unlawful Dealing of Property by Fiduciary, Misdemeanor B

Agent Fraud/Pocketing Bail Collateral Funds:

Allegation: Between 2015 and 2017, Brady, the owner of Rebel Bail Bonds, accepted bail collateral funds from at least 120 people for posting of bail. Upon a defendants completion of court requirements, the bail collateral is supposed to be returned to the person who paid it, less the authorized fees kept by the bail bond company. The investigation discovered that Brady failed to return collateral funds to defendants as required. It was also discovered that Brady transferred funds from Rebel's trust account to the business account where it was improperly spent, often leaving the trust account with a zero balance.

Case Status:

Pending Court Action

Summary of Criminal Cases Filed

STATE vs. GRAFF

Filing Date: 11/15/2017

Charges Filed:

Insurance Fraud, Felony 2

WCF: \$10,890

Malingering:

Allegation: On January 6, 2016 Graff was injured while working for his employer. The investigation discovered that between March of 2016 and July of 2016 Graff misrepresented his abilities while claiming he remained unable to work. Surveillance documented that Graff was able to perform many activities he claimed he was unable to do.

Case Status:

Pending Court Action

STATE vs. CAMPOS

Filing Date: 11/28/2017

Charges Filed:

Insurance Fraud, Felony 3

Homesite: \$2,000

False Theft/Padding of Claim:

Allegation: On April 12, 2017 Campos reported his vehicle had been burglarized. Campos claimed his golf clubs and other items were stolen from the car. Photos provided as proof of ownership to the insurance company were discovered to have been taken several weeks after the theft occurred.

Case Status:

Campos pled guilty to Insurance Fraud, a Class A Misdemeanor. He was ordered to pay \$630 in investigative costs to the IFD and placed on probation for 18 months.

Summary of Criminal Cases Filed

STATE vs. TARANTINI

Filing Date: 12/04/2017

Charges Filed:

Insurance Fraud, 3 counts, Felony 2

Forgery, Felony 3

Racketeering, Felony 2

Allstate: \$9,100

Allstate: \$14,535

Mutual of Enumclaw: \$31,960

False Wage Claim / False Thefts / Staged Auto Theft :

Allegation: On April 27, 2016 Tarantini was involved in an auto accident where he later claimed he had been injured and unable to work. Tarantini submitted false wage paystubs in an effort to support his lost wage claim. Tarantini was discovered to have been making considerably less than he claimed.

On May 9, 2016 Tarantini filed claim with State Farm that the factory tires on his 2013 Porsche were stolen and that he found his car on blocks. Tarantini purchased a set of used wheels that same day to be able to drive the car and requested reimbursement and presented a quote to replace the factory wheels for \$13,975. The investigation discovered the Tarantini had purchased the Porsche with aftermarket tires. The week prior to this claim Tarantini complained to the Strong Porsche dealership that they had damaged these same tires. Strong denied damaging the tires but paid half of the costs to repaint the rims.

The investigation discovered Tarantini also filed a claim in August of 2016 that his tires were stolen in Louisiana with Farmers Insurance. A photo provided in this claim shows the tires are the same as those reported stolen previously in May with Allstate.

Tarantini filed two additional claims with Farmers and State Farm alleging damages to his tires.

On September 28, 2015, Tarantini's brother reported his 2013 BMW stolen. On November 6, 2016 a security guard discovered this vehicle being dropped off a trailer in Magna by a Hummer H3 which fled when approached. Another vehicle driven by a female later discovered to be Tarantini's brother's wife pulled between the security guard and the Hummer which allowed the Hummer to escape. Evidence was discovered that Tarantini's wife rented a U-Haul trailer during the time frame the vehicle was dumped. Tarantini is believed to have been the driver of the Hummer and assisted his brother in this false insurance claim.

Case Status:

Pending Court Action

Summary of Criminal Cases Filed

STATE vs. SPERRY

Filing Date: 11/29/2017

Charges Filed:

Insurance Fraud, Felony 2
Forgery, Felony 3

Bear River: \$9,350

Forged Claim Documents:

Allegation: In June of 2016 Sperry's home suffered a serious fire which required he live at a different location while repairs were made. As part of the claim Sperry submitted documents indicating he was living in a rented home in Summit County. It was discovered that Sperry was instead living with relatives in Taylorsville and that the rental documents submitted for the home in Summit County were fabricated.

Case Status:

Pending Court Action

STATE vs. CORDOVA

Filing Date: 12/06/2017

Charges Filed:

Insurance Fraud, Felony 3
False Information, Misdemeanor B

Allstate: \$2,695

Vehicle Burglary / Past Posting:

Allegation: On January 14, 2017 Cordova's 2013 Hyundai was broken into while she was in the process of moving. Cordova reported the burglary to the Salt Lake City Police Department. Several items were stolen and she filed a claim with her auto insurer Progressive. Because she did not have renters insurance her auto insurance did not cover the loss. On January 15, 2017 Cordova obtained renters insurance through Allstate. A few days later she reported her car had been broken into to the Bountiful Police Department and then filed an insurance claim with Allstate for the same items reported stolen on January 14th.

Case Status:

Cordova pled guilty to Insurance Fraud, a 3rd degree felony. She was sentenced to serve concurrent jail time with another case and was ordered to pay \$1,633 in investigation costs to the IFD.

Summary of Criminal Cases Filed

STATE vs. LEVASSEUR

Filing Date: 12/07/2017

Charges Filed:

Insurance Fraud, Felony 3

Progressive: \$9,245

Auto Accident Past Posting:

Allegation: On March 28, 2016 Lavasseur was involved in an accident where he ran into a wall while driving his 1995 Nissan 240sx. At the time of the accident, the vehicle was insured with liability only coverage. After the accident Lavasseur reinstated his insurance to full coverage and then reported he had the accident after the insurance had been reinstated. Lavasseur enlisted a friend to lie about when and how the accident had occurred. The witness was not willing to lie when confronted by investigators.

Case Status:

Court Case is Pending

STATE vs. KIM

Filing Date: 12/13/2017

Charges Filed:

Insurance Fraud , Felony 2

Delta Dental: \$19,214

Improper Billing / Practicing Dentistry without a License:

Allegation: Between 2015 and 2017, Kim performed dental work on patients without a license. Kim billed insurance for these services claiming they were performed by another dentist that worked for his clinic, Grace Family Dental, until 2014.

Case Status:

Kim pled guilty to Insurance Fraud, a Class A Misdemeanor. Kim was ordered to pay Delta Dental \$1,178 in restitution and \$420 in investigation costs to the IFD. Kim was placed on probation for 7 months and ordered to serve 40 hours of community service.

Summary of Criminal Cases Filed

STATE vs. KARREN

Filing Date: 12/14/2017

Charges Filed:

Progressive: \$900

Insurance Fraud, Misdemeanor A

Lowering Deductible / Past Posting:

Allegation: On January 30, 2017 Karren's vehicle was damaged in an accident. At the time Karren's deductible was \$1,000. That same day Karren contacted his insurance and lowered his deductible to \$100, waited two weeks and then reported the damage had occurred on February 13, 2017. By doing so Karren attempted to reduce his deductible by \$900.

Case Status:

Karren pled guilty to Insurance Fraud, a Class B Misdemeanor. He was ordered to pay \$900 in investigation costs to the IFD and placed on 12 months probation.

STATE vs. SAFFAH

Filing Date: 12/19/2017

Charges Filed:

WCF: \$18,218

Workers Comp Insurance Fraud, Felony 2

False Injury Claim / Malingering:

Allegation: Saffah filed an injury claim with WCF that she was injured while working for Glenwild Golf Club. Saffah received temporary total disability payments between June of 2016 and May of 2017 as a result of this claim. In addition Saffah claimed she had to quit her job working at Walmart because of the injury she obtained at the golf club. It was discovered that Saffah quit her job at Walmart over a week prior to her injury at the golf club. Surveillance showed Saffah showing up for therapy wearing a boot and crutches and later walking around normally without a boot or crutches on several different occasions.

Case Status:

Court Action Pending

Summary of Criminal Cases Filed

STATE vs. ARGYLE

Filing Date: 12/19/2017

Charges Filed:

Hansen Insurance Agency: \$30,989

Unlawful Dealing of Property by Fiduciary, Felony 2

Theft by Deception, Felony 2

Agent Fraud / Pocketing Premiums:

Allegation: Between January 2016 and January 2017, Argyle, a long time employee of an insurance agency, embezzled premiums paid by policy holders to the agency. Argyle was discovered to have been accepting payments for homeowners and auto policies. Argyle would skim money intended for the auto policy, pay for the auto policy using homeowners policy funds leaving the homeowners policy partially paid. The fraud was discovered when Argyle quit and policy holders began receiving policy cancellation notices. Argyle also falsely credited her own insurance accounts for payments and other family friends without payments being made.

Case Status:

Court Action Pending

STATE vs DICKEY

Filing Date: 12/10/2017

Charges Filed:

Insurance Fraud , Felony 2

Progressive: \$19,607

Auto Accident Past Posting:

Allegation: On March 5, 2017 Dickey was teaching his wife how to ride his Harley Davidson motorcycle. While doing so she crashed the motorcycle and was injured. At the time of the accident Dickey did not have insurance on the motorcycle as he claimed to have it garaged for the winter months. Dickey reinstated his insurance policy and then filed a claim the next day stating the accident occurred after he had reinstated the policy. Evidence was obtained that showed the accident occurred prior to reinstatement of the policy.

Case Status:

Dickey pled guilty to Insurance Fraud, a 2nd degree felony. He was ordered to pay \$5,334 in restitution and \$841 in investigation costs to the IFD. He was placed on 36 months probation.

Summary of Criminal Cases Filed

STATE vs. KAHN

Filing Date: 12/19/2017

Charges Filed:

WCF: \$11,192

Workers Compensation Insurance Fraud, Felony 2

Working While Collecting Temporary Total Disability Benefits:

Allegation: On December 26, 2016 Kahn was injured while working for his employer. Due to his injuries Kahn claimed he was unable to return to work and received total temporary disability payments from that time through May 2017. During that time Kahn maintained he was unable to return to work. The investigation discovered Kahn had been working for another employer from February through May of 2017 while still collecting disability benefits.

Case Status:

Pending Court Action

STATE vs. MAYUROV

Filing Date: 12/19/2017

Charges Filed:

Bear River: \$1,078

Forgery, 3 counts, Felony 3
Insurance Fraud, Misdemeanor A

Forged Claim Receipts:

Allegation: On July 1, 2016 Mayurov filed a claim due to water damage that occurred in his home. Mayurov advised he would perform the repairs himself. When he was told he would not receive payment for overhead and profit had he used a contractor, he advised he would hire a contractor. Mayurov submitted a W-9 for a contractor he claimed to have used. When contacted, the contractor advised he had never done work for Mayurov and that the W-9 was a forgery.

Case Status:

Mayurov pled guilty to Wrongful Appropriation, a Class B Misdemeanor. He was ordered to pay \$1,078 in restitution and \$637 in investigation costs to the IFD. He was placed on 12 months probation.

Summary of Criminal Cases Filed

STATE vs. CORTEZ

Filing Date: 12/18/2017

Charges Filed:

WCF: \$4,353

Workers Compensation Insurance Fraud, Felony 2

Working While Collecting Temporary Total Disability Benefits:

Allegation: On December 18, 2015 Cortez was injured from a fall while working as a drywall installer. Cortez maintained he was unable to work from that time through June of 2017 while he continued to collect disability benefits. The investigation discovered that Cortez when to work for a different dry wall installer in April of 2017.

Case Status:

Pending Court Action

STATE vs. FRANSEN

Filing Date: 12/21/2017

Charges Filed:

Progressive: \$17,775

Insurance Fraud, Felony 2

Auto Accident Past Posting:

Allegation: On June 13, 2017 Fransen and his wife were involved in an auto accident while driving without insurance. The Fransen's purchased a policy using their phone and then provided the policy number to the investigating police officer and the driver of the other vehicle. The policy was obtained after the accident occurred. Damages to the victim vehicle were over \$17,000. Damages to the Fransen's vehicle were \$2,500. Both of the Fransen's were charged in this claim.

Case Status:

The Fransens both pled guilty to Insurance Fraud, a 2nd degree felony. They were ordered to pay \$17,755 in restitution and \$2,000 in investigation costs to the IFD. They were placed on 36 months probation.

Summary of Criminal Cases Filed

STATE vs. WAKEFIELD

Filing Date: 12/27/2017

Charges Filed:

Insurance Fraud, Felony 3

Progressive: \$4,138

Auto Accident Past Posting:

Allegation: On June 25, 2017 Wakefield's son was involved in an auto accident while driving without insurance. A second accident occurred on June 27, 2017 involving Wakefield's son while driving a different vehicle without insurance in which he collided with a police car. Wakefield reinstated their policy on June 28, 2017 and made a statement to Progressive that no one in her family had had any accidents during the time period in which her policy had lapsed for non-payment. USAA, the insurance for the victim vehicle in the first accident, filed the claim with Progressive disclosing the accident occurred during the time Wakefield was uninsured. Wakefield filed an insurance claim on the second accident on August 1, 2017 and claimed the accident had occurred on June 28th after she had obtained insurance.

Case Status:

Wakefield pled guilty to Insurance Fraud, a 3rd degree felony. She was ordered to pay \$2,360 in restitution and \$605 in investigation costs to the IFD. She was placed on 36 months probation.

STATE vs. JONES

Filing Date: 12/28/2017

Charges Filed:

Workers Compensation Insurance Fraud, Felony 3

WCF: \$24,290

False Injury Claim / Injury Not Work Related:

Allegation: In April of 2017 Jones visited two different doctors for a finger injury. In the first visit Jones stated he injured his finger while playing basketball at home. In the second visit he claimed he had injured his finger while playing basketball at the youth detention facility where he worked. Jones then reported the injury to his work supervisor claiming it had occurred at work and would require surgery. Workplace video was reviewed and no evidence of injury was found. After a lengthy investigation Jones admitted the injury to his finger had occurred at his father's home while helping move an appliance.

Case Status:

Jones pled guilty to Workers Compensation Fraud, a Class A Misdemeanor. He was ordered to pay \$609 in restitution and \$500 in investigation costs to the IFD. He was placed on 24 months probation.

Summary of Criminal Cases Filed

STATE vs. WILLETTE

Filing Date: 12/28/2017

Charges Filed:

Insurance Fraud, Felony 3

GEICO: \$2,190

False Auto Accident Circumstances:

Allegation: On October 19, 2017 Willette damaged his 2016 Hyundai Genesis when he lost control while intentionally drifting his car. Willette filed an insurance claim that his foot slipped onto the accelerator when trying to make a left turn and that he had hit a curb damaging his car. The misrepresentation is material to the claim because drifting a car is similar to racing or other competitions which are excluded from coverage and would not have been paid had he told the truth about the accident circumstances.

Case Status:

Willette pled guilty to Insurance Fraud, a Class A Misdemeanor. He was ordered to pay \$400 in investigation costs to the IFD and was placed on 12 months probation.

STATE vs. GAUSE

Filing Date: 1/02/2018

Charges Filed:

Theft by Deception, Felony 3

American Family: \$1,541

False Lost Claim Check:

Allegation: On July 3, 2017 Gause reported his 2007 Chrysler 300 stolen. It was later recovered with damage. American Family sent the repair shop Guise had selected to perform the repairs a check. Gause later contacted American Family and stated this shop was no longer performing the repairs and asked that the check be cancelled and a new payment be made directly to him. The shop actually was asked by Gause to replace the windshield which they did. The shop then wrote Gause a check for the difference from what was paid for by the insurance. Gause also received the second check from American Family and cashed this check. Gause defrauded both the body shop and American Family by his actions.

Case Status:

Gause pled guilty to Theft by Deception, a Class A Misdemeanor. He was ordered to pay \$1,548 in restitution and the same amount in investigation costs to the IFD. He was placed on 12 months probation.

Summary of Criminal Cases Filed

STATE vs. TARANTINI

Filing Date: 1/02/2017

Charges Filed:

Mutual of Enumclaw:

\$31,960

Insurance Fraud, Felony 2

Staged Auto Theft:

Allegation: On September 28, 2015, Tarantini's husband reported his 2013 BMW stolen. On November 6, 2016 a security guard discovered this vehicle being dropped off a trailer in Magna by a Hummer H3, believed to be driven by Tarantini's brother, which fled when approached. Tarantini pulled between the security guard and the Hummer H3 in a different car which allowed the Hummer H3 to escape. Evidence was discovered that Tarantini rented a U-Haul trailer during the time frame the vehicle was dumped. The investigation resulted in charges against Tarantini, her brother in law, but her husband was unable to be charged at this time.

Case Status:

Pending Court Action

STATE vs. MAGEE

Filing Date: 1/03/2018

Charges Filed:

CSAA:

\$13,860

Insurance Fraud, Felony 2

False Auto Damage Claim / Fraudulent Documents:

Allegation: On July 9, 2015 Magee was in an auto accident with his 2006 Dodge Ram truck. Magee presented a repair receipt from a company representing it as an auto body shop. On September 9, 2016 Magee was in a second accident with the same truck. He again presented repair receipts from the same repair company. It was discovered that the repair company was actually a car wash owned by Magee and that the damages reported in the second accident were substantially the same as those the were reported in the first accident.

Case Status:

Pending Court Action

Summary of Criminal Cases Filed

STATE vs. MOSES

Filing Date: 01/17/2018

Charges Filed:

United Heritage: \$2,082

Forgery, Felony 3

Theft by Deception, Felony 3

Forged Insurance Check:

Allegation: On June 6, 2017 Moses filed a damage claim that a chandelier had fallen and dented their hardwood flooring. On August 15, 2017 United Heritage mailed a check to the Moses for payment, less depreciation and their copay amount. Moses deposited the check into their bank account electronically using a photo app. Two weeks later Moses deposited a second check electronically into their bank account. The second check was a forgery. It appears that Moses washed the first check, changed the dates, check number and increased the amount by \$1,000 and then she deposited the second check claiming it had been sent to her in the mail.

Case Status:

Moses pled guilty to Theft by Deception, a Class A Misdemeanor. She was sentenced to 12 months probation.

STATE vs. MAST

Filing Date: 1/22/2018

Charges Filed:

GEICO: \$3,230

Insurance Fraud, Felony 3

Application Fraud/Auto Accident Past Posting:

Allegation: On August 13, 2017 Mast was involved in an accident while driving her 2011 Kia Optima. On August 14, 2017 someone contacted GEICO insurance to purchase a new auto policy under Mast's husbands name and then added Mast to the policy. Mast then filed an insurance claim on August 16, 2017 claiming her car had been hit by a hit and run driver. Mast and her husband were going through a divorce at the time and he did not apply for this policy.

Case Status:

Pending Court Action

Summary of Criminal Cases Filed

STATE vs. CALAWAY

Filing Date: 1/29/2018

Charges Filed:

Sedgwick: \$89,681

Workers Comp Insurance Fraud, Felony 2

Collecting Temporary Total Disability While Working:

Allegation: In November of 2014, Calaway reported an injury occurring while at work. While collecting temporary total disability payments, Calaway went back to work in January of 2015 part time for a different company. In March of 2016 Calaway started a second part time job. In June of 2016 Calaway filed a second workers comp injury claim with her second part time employer. Calaway collected \$89,681 in paid lost wage benefits and in medical expenses during the time she was working while claiming she was unable to return to work.

Case Status:

Pending Court Action

STATE vs. SOTO

Filing Date: 1/30/2018

Charges Filed:

Esurance: \$3,734

Insurance Fraud, Felony 3

Driving W/O Insurance, Misdemeanor C

Application Fraud/Auto Accident Past Posting:

Allegation: On August 31, 2017, Soto was involved in a auto accident while driving her 2012 Chevy Malibu while uninsured. Following the accident Soto purchased insurance from Esurance and then filed a claim that the accident had occurred following the purchase of insurance.

Case Status:

Soto pled guilty to Insurance Fraud, a Class A Misdemeanor and Operation a Vehicle Without Insurance a Class C Misdemeanor. She was ordered to pay \$3,734 in restitution and \$715 in investigation costs to the IFD. She was placed on 36 months probation.

Summary of Criminal Cases Filed

STATE vs. SMALLS

Filing Date: 2/13/2018

Charges Filed:

Insurance Fraud, Felony 3

GEICO: \$15,545

Application Fraud/Auto Theft Past Posting:

Allegation: On November 6, 2017 Smalls drove his 2011 Dodge Challenger to a Lowes in Murray Utah. While in Lowes, Smalls Challenger was stolen. At the time Smalls insurance had been expired for three months. Upon discovery of his vehicle being stolen, Smalls purchased insurance using his cell phone, waited an hour and then filed the theft claim alleging the vehicle was stolen after the policy was in place.

Case Status:

Pending Court Action

STATE vs. DIARTE

Filing Date: 02/21/2018

Charges Filed:

Workers Comp Insurance Fraud, Felony 3

Utah Business Ins.: \$3,082

Workers Compensation Fraud/Exaggerated Injury:

Allegation: On or about February 14, 2017, Diarte claimed to have suffered an injury while working. He sought immediate medical treatment and was issued crutches and placed on light duty at work. From March through April Diarte claimed he was in pain and unable to work. During this time period Diarte was observed using crutches and limping only when attending doctor visits. Outside of the doctor's visits he did not use crutches and went about his daily activities with no indication of any medical injury.

Case Status:

Pending Court Action

Summary of Criminal Cases Filed

STATE vs. JAQUEZ Filing Date: 2/26/2018

Charges Filed: Progressive: \$3,018
Insurance Fraud, Felony 3

Prior Auto Damages / Past Posting:

Allegation: On July 26, 2017 Jaquez obtained insurance on his 2006 Nissan Exterra. In October of 2017 Jaquez submitted a claim that his Nissan had been damaged by a hit and run driver. The investigation discovered that the same damage existed on his Nissan in April of 2017 prior to Jaquez obtaining insurance through Progressive. The hit and run accident never occurred.

Case Status:

Pending Court Action

STATE vs. RAYENEH Filing Date: 3/09/2018

Charges Filed: Progressive: \$16,687
Insurance Fraud, 1 count, Felony 2

Staged Auto Accident:

Allegation: On May 3, 2017 Ryeneh and Mohammadi contacted the South Salt Lake Police Department to report they had been in a motor vehicle accident. Ryeneh was driving a 1999 Lexus RX300 and Mohammadi was driving a 2015 Chevy Camaro owned by Biz Auto owned by Hosseinzadeh-Sisan. Later in the insurance claim Hosseinzadeh-Sisan filed an insurance claim with Progressive alleging he was a passenger in the Camaro and that Mohammadi was test driving the car. All involved persons claimed to not know each other. The investigation discovered that Ryeneh and Hosseinzadeh-Sisan are cousins and were listed in prior accidents as occupants in the same vehicle. Both vehicles in this case were purchased from salvage yards. The Camaro was purchased in 2016 and had only been driven 19 miles before the alleged accident. The Lexus had mechanical issues and had over 260,000 miles on it.

Case Status:

Pending Court Action

Summary of Criminal Cases Filed

STATE vs. Hosseinzadeh-Sisan Filing Date: 3/09/2018

Charges Filed: Progressive: \$16,687
Insurance Fraud, 1 count, Felony 2

Staged Auto Accident:

Allegation: On May 3, 2017 Ryeneh and Mohammadi contacted the South Salt Lake Police Department to report they had been in a motor vehicle accident. Ryeneh was driving a 1999 Lexus RX300 and Mohammadi was driving a 2015 Chevy Camaro owned by Biz Auto owned by Hosseinzadeh-Sisan. Later in the insurance claim Hosseinzadeh-Sisan filed an insurance claim with Progressive alleging he was a passenger in the Camaro and that Mohammadi was test driving the car. All involved persons claimed to not know each other. The investigation discovered that Ryeneh and Hosseinzadeh-Sisan are cousins and were listed in prior accidents as occupants in the same vehicle. Both vehicles in this case were purchased from salvage yards. The Camaro was purchased in 2016 and had only been driven 19 miles before the alleged accident. The Lexus had mechanical issues and had over 260,000 miles on it.

Case Status:

Court Case Pending

STATE vs. ROBERTS Filing Date: 3/13/2018

Charges Filed: American Family: \$16,002
Insurance Fraud, 1 count, Felony 2
Insurance Fraud, Misdemeanor B

False Auto Theft Claim:

Allegation: On November 12, 2017 Roberts was involved in a single vehicle hit and run accident where he abandoned the vehicle and ran. On November 15, 2017 Roberts filed a claim with his insurance company that his vehicle had been stolen. Roberts was also discovered to have lied on his application for insurance concerning his marriage, employment, and criminal history.

Case Status:

Court Case is Pending

Summary of Criminal Cases Filed

STATE vs. WHITLOCK

Filing Date: 3/19/2018

Charges Filed:

WCF: \$9,942

Workers Comp Insurance Fraud, Felony 2

Worker Compensation Fraud / Malingering:

Allegation: On February 17, 2017 Whitlock reported injuring his hand while working as a mechanic. Whitlock maintained he was unable to return to work and represented that he may never be able to return to work due to the pain from the injury. The investigation discovered that Whitlock was working out of a relatives garage and operating as a mechanic during the time he was collecting disability payments.

Case Status:

Court Case Pending

STATE vs. FITZGERALD

Filing Date: 3/20/2018

Charges Filed:

Allstate: \$8,800

Insurance Fraud, Felony 3

False Theft / Forged Appraisal:

Allegation: On November 21, 2017 Fitzgerald contacted Allstate and filed a loss claim for his wife's diamond tennis bracelet. Both the Fitzgerald's claimed the bracelet was lost on a trip to Idaho. The investigation discovered that the real appraisal listed the value of the bracelet as \$3,800. When investigators surprised the Fitzgerald's at their home to interview them, Mrs. Fitzgerald was wearing the missing bracelet. Both admitted the bracelet was never lost and that they had filed a false claim.

Case Status:

Mr. Fitzgerald pled guilty to Insurance Fraud, a 3rd degree felony. He was ordered to pay \$2,071 in investigation expenses and to serve 18 months probation.

Summary of Criminal Cases Filed

STATE vs. FITZGERALD

Filing Date: 3/20/2018

Charges Filed:

Insurance Fraud, Felony 3

Allstate: \$8,800

False Theft / Forged Appraisal:

Allegation: On November 21, 2017 Fitzgerald contacted Allstate and filed a loss claim for his wife's diamond tennis bracelet. Both the Fitzgerald's claimed the bracelet was lost on a trip to Idaho. The investigation discovered that the real appraisal listed the value of the bracelet as \$3,800. When investigators surprised the Fitzgerald's at their home to interview them, Mrs. Fitzgerald was wearing the missing bracelet. Both admitted the bracelet was never lost and that they had filed a false claim.

Case Status:

Mrs. Fitzgerald pled guilty to Insurance Fraud, a Class A Misdemeanor. She was ordered to pay \$2,071 in investigation expenses and to serve 12 months probation.

STATE vs. RICHANS

Filing Date: 3/27/2018

Charges Filed:

Insurance Fraud, Felony 3

Progressive: \$1,900

False Auto Theft:

Allegation: On October 2, 2017 Richans reported her 2000 Coachman motor home had been stolen. She claimed to have last seen it parked on September 18, 2017 when she had it moved to create additional parking for a family member. The investigation learned the motorhome was in California from September 15th through at least September 28, 2017.

Case Status:

Court Case Pending

Summary of Criminal Cases Filed

STATE vs. SABINO

Filing Date: 3/28/2018

Charges Filed:

WCF: \$942

Workers Comp Insurance Fraud, Misdemeanor A

Working While Collecting Total Temporary Disability:

Allegation: In December of 2016, Sabino was injured while working. The injury was serious enough he began collecting total temporary disability payments while he was unable to work. It was discovered in June of 2017 that Sabino had returned to working for a difference construction company while he was still collecting disability payments.

Case Status:

Sabino pled guilty to Wrongful Appropriation, a Class A Misdemeanor. He was ordered to pay \$942 in restitution and 24 months probation.

STATE vs. SHIPLEY

Filing Date: 4/02/2018

Charges Filed:

Progressive: \$30,801

Insurance Fraud, Felony 2
Arson, Felony 2

False Vehicle Theft / Arson:

Allegation: On June 21, 2017 Mr. Shipley reported his 2013 Ford F150 stolen to his local police department while at the same time his truck was located in Tooele on fire. The investigation discovered the Shipley's had conspired with Mrs. Shipley's uncle (Burns) and her brother to take their truck to Tooele and burn it so they could file an insurance claim and get rid of the truck.

Case Status:

Court Case Pending

Summary of Criminal Cases Filed

STATE vs. SHIPLEY

Filing Date: 04/02/2018

Charges Filed:

Insurance Fraud, Felony 2
Arson, Felony 2

Progressive: \$30,801

False Vehicle Theft / Arson:

Allegation: On June 21, 2017 Mr. Shipley reported his 2013 Ford F150 stolen to his local police department. While at the same time his truck was located in Tooele on fire. The investigation discovered the Shipley's had conspired with Mrs. Shipley's uncle (Burns) and her brother to take their truck to Tooele and burn it so they could file an insurance claim and get rid of the truck.

Case Status:

Court Case is Pending

STATE vs. BURNS

Filing Date: 04/02/2018

Charges Filed:

Insurance Fraud, Felony 2
Arson, Felony 2

Progressive: \$30,801

False Vehicle Theft / Arson:

Allegation: On June 21, 2017 Mr. Shipley reported his 2013 Ford F150 stolen to his local police department. While at the same time his truck was located in Tooele on fire. The investigation discovered the Shipley's had conspired with Mrs. Shipley's uncle (Burns) and her brother to take their truck to Tooele and burn it so they could file an insurance claim and get rid of the truck.

Case Status:

Court Case Pending

Summary of Criminal Cases Filed

STATE vs. ELLIS

Filing Date: 4/04/2018

Charges Filed:

Workers Comp Insurance Fraud, Felony 3

Liberty Mutual: \$4,234

Workers Compensation Fraud / Collecting Disability While Working:

Allegation: On December 19, 2016 Ellis reported a cabinet dropped on her left foot, injuring her. While on disability Ellis reported she fell in the parking lot while attending a medical examination to determine if she could return to work, injuring her right foot. It was later discovered Ellis returned to work in July of 2017 and continued to collect disability payments through September of 2017 while not advising Liberty Mutual she had returned to work.

Case Status:

Court Case Pending

STATE vs. LEVOIT

Filing Date: 4/06/2018

Charges Filed:

Insurance Fraud, Felony 3

USAA: \$2,271

Auto Accident Past Posting / Forgery:

Allegation: On or about November 11, 2017, Levoit submitted a claim that his 2002 Mazda Tribute was damaged when his wife hit a deer. At the time of the accident Levoit's vehicle was not listed on his insurance policy. Levoit had purchased the vehicle more than 30 days prior to the accident and submitted altered sales documents in an attempt to show the vehicle was purchased less than 30 days prior to the accident in an effort to have the accident covered under the policies 30 day grace period for new auto purchases.

Case Status:

Levoit pled guilty to Insurance Fraud, a 3rd degree felony. He was ordered to pay \$630 in investigation expenses to the Insurance Fraud Division. Charges will be dismissed if Levoit passes his nine month probation.

Summary of Criminal Cases Filed

STATE vs. LINDLEY

Filing Date: 4/20/2018

Charges Filed:

Insurance Fraud, Felony 3

Federated Ins.: \$5,000

Workers Comp / Malingering:

Allegation: On May 26, 2017 Lindley reported she sustained a back injury while at work. Although Lindley was capable of returning to work a short time later, she exaggerated her injury in an effort to obtain narcotic pain prescriptions due to addiction.

Case Status:

Court Case is Pending

STATE vs. VASQUEZ

Filing Date: 04/30/2018

Charges Filed:

Workers Comp Insurance Fraud, Felony 2

WCF: \$58,284

Collecting Permanent Total Disability Benefits While Working:

Allegation: On July 1, 2010 Vasquez was injured while working as a roofer. Vasquez began receiving permanent total disability payments in November of 2014. It was later discovered that Vasquez began working as a taxi driver in October of 2015. Vasquez received permanent total disability payments until he was discovered to be working.

Case Status:

Court Case Pending

Summary of Criminal Cases Filed

STATE vs. STEWART

Filing Date: 5/03/2018

Charges Filed:

Insurance Fraud, Felony 3

Progressive: \$4,207

Auto Accident Past Posting:

Allegation: On February 2, 2018 Stewart purchased insurance for her 2008 Subaru Impreza with liability only coverage. On March 2, 2018 Stewart added comprehensive coverage to her car. Nearly two weeks later Stewart reported having been in an accident on March 4, 2018. It was discovered the accident had actually occurred on February 23, 2018.

Case Status:

Stewart pled guilty to Insurance Fraud, a Class A Misdemeanor. She was ordered to pay \$424 in investigation costs to the IFD and placed on 18 months probation.

STATE vs. ROJAS

Filing Date: 5/10/2018

Charges Filed:

Forgery, Felony 3

Tampering with a Witness, Felony 3

Insurance Fraud, 2 counts, Misdemeanor B

Progressive: \$500

Agent Fraud / Exaggerated Damages:

Allegation: In May of 2017, Rojas while acting as an insurance agent, wrote a policy for an applicant as an unlicensed driver on a family friends policy. When the policy holder discovered the vehicle on their policy that they did not own, they complained to Rojas and filed a complaint with the State of Utah Department of Insurance. When Rojas was made aware of the complaint he made threats to the policy holders in an effort to get them to provide statements to clear Rojas. In October of 2017 Rojas claimed his vehicle was hit by pieces of a blown tire from a semi. Rojas alleged he collided with the freeway barrier when trying to avoid debris in the roadway. At least some of the damage alleged was pre-existing and was not caused by hitting a barrier.

Case Status:

Court Case Pending

Summary of Criminal Cases Filed

STATE vs. PAIZ

Filing Date: 5/23/2018

Charges Filed:

Insurance Fraud, Felony 2

USAA.:

\$24,280

Inflated Loss / Auto Theft:

Allegation: On July 17, 2017 Paiz reported his 2011 Ford F10 truck stolen. The truck was later recovered having been in a single vehicle accident and was totaled. USAA paid the lienholder the value of the truck however Paiz still owed much more on his loan. Paiz added a list of items allegedly in the truck when it was stolen. Several of the listed items were found to have not been available for purchase until months after the theft of his truck had occurred. The receipts Paiz presented were determined to be false.

Case Status:

Court Case is Pending

STATE vs. SHERWOOD

Filing Date: 05/23/2018

Charges Filed:

Insurance Fraud, Felony 3

Farm Bureau:

\$10,154

Agent Fraud / Auto Accident Past Posting:

Allegation: In August of 2016 Sherwood wrote his own auto insurance policy while working for Farm Bureau. Sherwood removed repair and replacement coverage on September 17, 2016. On October 10, 2016 Sherwood was involved in an auto accident. After the accident Sherwood opened his policy and added repair and replacement coverage back on his policy and backdated the policy to cover his accident loss.

Case Status:

Sherwood was fired by Farm Bureau. He paid back the \$10,154 he received to Farm Bureau prior to sentencing.

Summary of Criminal Cases Filed

STATE vs. HERNANDEZ

Filing Date: 5/24/2018

Charges Filed:

Insurance Fraud, Felony 3

CSAA:

\$8,016

Unrepaired Prior Damages / False Claim:

Allegation: On October 16, 2017 Hernandez reported he had been in an accident while driving his 2001 Itasca motorhome while vacationing. The investigation discovered that Hernandez had made a claim for most of the same damages in August of 2017 with 21st Century Insurance which paid him for his claim. Hernandez tried to claim a friend had repaired all of the prior damages but was unable to prove so.

Case Status:

Court Case Pending

STATE vs. FERRELL

Filing Date: 5/24/2018

Charges Filed:

Insurance Fraud, Felony 3

GEICO:

\$1,670

Auto Accident Past Posting:

Allegation: On November 9, 2017 Ferrell leased a 2006 BMW. Ferrell applied for insurance coverage on January 8, 2018. On January 18, 2018 Ferrell lowered her deductibles and then reported a few days later that her BMW had been hit while parked at a friends house in a hit and run accident. The investigation discovered that Ferrell had been in an accident while driving the BMW on December 30, 2017 while uninsured.

Case Status:

Court Case Pending

Summary of Criminal Cases Filed

STATE vs. PAUNI Filing Date: 5/24/2018

Charges Filed: Esurance.: \$1,476
Insurance Fraud, Misdemeanor A

Auto Accident Past Posting:

Allegation: Pauni's auto insurance cancelled in November of 2017. On January 10, 2018 Pauni purchased a new policy with Esurance for her 2005 Chrysler van with a \$1,500 deductible. On January 19, 2018 Pauni lowered her deductible to \$250. Pauni then filed a damage claim a few days later alleging the damage occurred on January 22nd. It was discovered that Pauni's husband had been in an auto accident on January 10th approximately 51 minutes before Pauni purchased the new auto insurance policy.

Case Status:
Court Case is Pending

STATE vs. MCIFF Filing Date: 05/31/2018

Charges Filed: GEICO: \$3,326
Insurance Fraud, Felony 3

Auto Accident Past Posting:

Allegation: On March 14, 2018 a friend was driving Mciff's 2006 Dodge Charger and was involved in hitting a deer. The next day Mciff purchased insurance for his Charger. On March 19, 2018 Mciff filed a claim with GEICO that the accident had occurred on March 18, 2018.

Case Status:
Court Case Pending

Summary of Criminal Cases Filed

STATE vs. DUNCAN Filing Date: 06/07/2018

Charges Filed:

Insurance Fraud, Felony 3
False Information, Misdemeanor B

USAA: \$2,600

False Theft:

Allegation: On March 16, 2018 Duncan filed an insurance claim with USAA that his laptop computer had been stolen from his car. Duncan also filed a police report alleging the same. During the claims process Duncan provided a photo of his computer which was taken several hours after the reported theft. Duncan later confessed that he had filed a false police report and insurance claim and that the computer was never stolen.

Case Status:

Court Case Pending

STATE vs. BURNETT

Filing Date: 06/13/2018

Charges Filed:

Workers Compensation Insurance Fraud, Misdemeanor A

ACE American: \$539

False Work Related Claim:

Allegation: On June 26, 2017, Burnett reported to his employer that he had injured his back while lifting boxes at work. The investigation discovered that Burnett had disclosed to several co-workers that he had injured his back while helping a friend move the day prior. Employees also stated Burnett appeared to be in pain the morning he showed up for work before working.

Case Status:

Court Case Pending

The seal of the Utah Insurance Department is a circular emblem. It features a central shield with a sun rising over mountains and a river, with the word "INDUSTRY" below. The shield is flanked by two sheaves of wheat. Above the shield is an eagle with spread wings. The entire seal is encircled by a rope-like border. The outer ring of the seal contains the text "INSURANCE DEPARTMENT" at the top and "FRAUD DIVISION" at the bottom, separated by "UTAH" on the left and "1896" on the right.

Utah Insurance Department

3110 State Office Building
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801-538-3800 (Office)
<http://www.insurance.utah.gov>

Fraud Division

1385 South State Street, Suite 110
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